

DISTRICT COURT, CITY AND COUNTY OF DENVER, COLORADO 1437 Bannock Street Denver, CO 80202	DATE FILED June 12, 2026 3:52 PM FILING ID: FD08EBA86B091 CASE NUMBER: 2026CR15072 <input type="checkbox"/> COURT USE ONLY <input type="checkbox"/>
THE PEOPLE OF THE STATE OF COLORADO vs. JARED PARKER HEATH, AND JAMES ANDREW HEATH, a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON Defendants.	Grand Jury Case No: 25CR0001 Courtroom 259
COLORADO STATEWIDE GRAND JURY INDICTMENT	

Of the 2025-2026 term of the Denver District Court in the year 2026; the 2025-2026 Colorado Statewide Grand Jurors, chosen, selected and sworn in the name and by the authority of the People of the State of Colorado, upon their oaths, present the following:

CHARGES:

- COUNT ONE:** Medicaid Fraud and Waste, C.R.S § 24-31-808(1)(a),(3)(i), (F2) [53609]
- COUNT TWO:** Medicaid Fraud and Waste, C.R.S § 24-31-808(1)(a),(3)(i), (F2) [53609]
- COUNT THREE:** Medicaid Fraud and Waste, C.R.S § 24-31-808(1)(a),(3)(i), (F2) [53609]
- COUNT FOUR:** Medicaid Fraud and Waste, C.R.S § 24-31-808(1)(a),(3)(i), (F2) [53609]
- COUNT FIVE:** Medicaid Fraud and Waste, C.R.S § 24-31-808(1)(a),(3)(h), (F3) [53608]
- COUNTY SIX:** Medicaid Fraud and Waste, C.R.S. § 24-31-808(1)(g)(I),(4), (F5) [53651]
- COUNT SEVEN:** Cybercrime, C.R.S. § 18-5.5-102(1)(b),(3)(a)(IX), (F2) [1503B]
- COUNT EIGHT:** Cybercrime, C.R.S. § 18-5.5-102(1)(b),(3)(a)(IX), (F2) [1503B]
- COUNT NINE:** Cybercrime, C.R.S. § 18-5.5-102(1)(b),(3)(a)(IX), (F2) [1503B]
- COUNT TEN:** Cybercrime, C.R.S. § 18-5.5-102(1)(b),(3)(a)(IX), (F2) [1503B]
- COUNT ELEVEN:** Cybercrime, C.R.S. § 18-5.5-102(1)(b),(3)(a)(VIII), (F3) [1503A]
- COUNT TWELVE:** Money Laundering, C.R.S. § 18-5-309(1)(a)(II), (F3) [12212]

INDEX OF COUNTS

DEFENDANT	COUNTS
Jared Parker Heath	1-12
James Andrew Heath, a/k/a James Atkinson and/or James Andrew Atkinson	1-12

ESSENTIAL FACTS

Beginning in or about January 2021, and through September 2025, JAMES ANDREW HEATH, formerly JAMES ATKINSON (“JAMES”) and JARED PARKER HEATH (“JARED”) (collectively the “HEATHS”) fraudulently billed Colorado Medicaid for vision services to Medicaid clients through their business QUICKSPEX LLC (“QUICKSPEX”) for a total exceeding \$12,000,000. The HEATHs electronically submitted false claims to Colorado Medicaid and concealed the fraudulent financial proceeds in various financial institutions and assets.

The Colorado Medicaid Program

Medicaid is a combined state and federal program that pays for essential medical care and services for the categorically needy (C.R.S. § 25.5-1-101, et. seq.). Medicaid is a “health care benefit program” as defined in 18 U.S.C. § 24(b). Colorado Medicaid is funded by the state and federal governments and is administered by the Colorado Department of Health Care Policy and Financing (“HCPF”). The medical care and services are provided by private individuals, organizations, and companies, which are then reimbursed by the State of Colorado. HCPF administers the Colorado Medicaid program known as Health First Colorado (hereinafter “Colorado Medicaid”). The benefits available under Medicaid are governed by federal statutes and regulations, and by rules implemented by the individual states. Individuals who receive benefits under Medicaid are commonly referred to as Medicaid “beneficiaries.”

To enroll in Colorado Medicaid, the provider submits a new enrollment application through HCPF’s Online Provider Enrollment website. During the enrollment process, the provider assents to the HCPF Provider Participation Agreement (“PPA”) and agrees to comply with all applicable federal and state statutes and regulations. The provider further agrees to accept full legal responsibility for all claims submitted to Colorado Medicaid. The provider certifies that he or she understands that false claims may be grounds for termination and/or prosecution.

Once enrolled in Colorado Medicaid, the provider obtains access to an online portal where the provider enters and electronically transmits claims to the State of Colorado. A Medicaid claim is required to contain certain important information, including: the beneficiary’s name and Member ID number; the billing or procedure code for the benefit, item, or service; the date or date range during which the benefit, item, or service was provided or supplied to the beneficiary; and the name of the provider. The claim form can be submitted electronically. Colorado Medicaid generally processes and pays claims through secure electronic networks used for direct deposits.

HCPF Rules and Regulations

Colorado Medicaid provides reimbursement for vision care and eyewear. HCPF rules generally provide for reimbursement of one glasses frame and two single vision lenses each year to Colorado Medicaid beneficiaries under the age of 21. Under some circumstances, Colorado Medicaid will reimburse for a replacement or repair of a frame and two single vision lenses.

Colorado Medicaid requires that Medicaid providers enrolled in Colorado Medicaid

maintain legible, complete, and accurate records necessary to establish that conditions of payment for Medical Assistance Program covered goods and services have been met, and to fully disclose the basis for the type, frequency, extent, duration, and delivery of goods and/or services provided to Medical Assistance Program members.

QUICKSPEX LLC

JAMES Atkinson filed Articles of Organization for QUICKSPEX with the Colorado Secretary of State on December 21, 2020, with JAMES Atkinson listed as the registered agent. On May 4, 2021, JAMES updated the principal address for QUICKSPEX to 600 S. Holly St, Ste 106, Denver, CO 80246. On November 28, 2021, the QUICKSPEX ownership changed to Omnia International Corp (“OMNIA”), still with a registered agent listed as JAMES Atkinson. JAMES Atkinson filed Articles of Incorporation for OMNIA on July 27, 2021, with JAMES Atkinson again listed as the registered agent, and with the business address of 600 S. Holly St, Ste 106, Denver, CO 80246. JAMES and JARED are co-owners of both QUICKSPEX and OMNIA.

QUICKSPEX enrolled online as a Medicaid service provider on January 26, 2021. JAMES Atkinson submitted the provider application and listed both JAMES Atkinson and JARED Heath as owners of QUICKSPEX. As part of the application process, JAMES Atkinson assented to the HCPF Provider Participation Agreement on behalf of QUICKSPEX.

After approximately six months of construction, QUICKSPEX opened a physical location in or around January 2022 at 600 S. Holly St, Ste 106, Denver, Colorado. After opening, the location contained examination rooms and a laboratory for the production of frames and lenses for patients.

On August 21, 2021, QUICKSPEX entered into an agreement with Crystal Practice Management (“CPM”), signed by JAMES Atkinson. CPM is a records-management software used to track and record demographics, scheduling, invoicing, medical records, scanned documents, frame and lens ordering, contact lens ordering, inventory management, and sales. QUICKSPEX used CPM for a variety of purposes, including for tracking frames inventory, frame dispensing, and patient orders. QUICKSPEX’s CPM software did not contain records for a majority of the Medicaid beneficiaries that QUICKSPEX billed for.

Medicaid Billing

On March 8, 2021, QUICKSPEX began billing Medicaid for vision services. QUICKSPEX submitted claims dating back to February 1, 2021. QUICKSPEX did not fully open a physical location until nearly one year later.

QUICKSPEX billed Medicaid for a variety of vision services. Each billed claim for frames also included various other codes for lenses, tint, fitting, and other add-ons associated with glasses. A majority of the claims included more than two lenses per frame, and multiple add-ons.

The HEATHS directly handled most of the Medicaid billing and claims submission. Between 2021 and 2025, Colorado Medicaid paid QUICKSPEX more than \$14,000,000 for all claims submitted. Colorado Medicaid deposited these funds into a TCF/Huntington Bank Account under the name QuickSpex LLC, with account signers of JAMES HEATH and JARED HEATH.

The funds were then transferred to various accounts in the names of JAMES HEATH, JARED HEATH, Omnia International Corp, and to purchase a home owned by the HEATHS.

2021

In 2021, Colorado Medicaid paid QUICKSPEX a total of \$2,984,366.72. QUICKSPEX billed Colorado Medicaid for 7,947 frames (plus other vision-related services), for 2,816 unique beneficiaries. Yet during this time, QUICKSPEX had no physical location. Furthermore, QUICKSPEX's CPM software recorded the sale of only 17 glasses frames for all patient types (which includes Medicaid, cash pay, and private insurance patients). Even crediting QUICKSPEX for providing up to 100 frames in 2021, the total fraudulent claims submitted to Medicaid in 2021 exceeds \$2.9 million.

2022

In 2022, Colorado Medicaid paid QUICKSPEX a total of \$3,089,238.19. QUICKSPEX billed Colorado Medicaid for 8,019 frames (plus other vision-related services) for 1,995 unique beneficiaries. QUICKSPEX's CPM software recorded dispensing 757 frames to all patient types. After crediting QUICKSPEX for the claims associated with the recorded number of dispensed frames, the total fraudulent claims submitted to Medicaid in 2022 exceeds \$2.7 million.

2023

In 2023, Colorado Medicaid paid QUICKSPEX a total of \$3,293,442.72. QUICKSPEX billed Colorado Medicaid for 7,097 frames (plus other vision-related services) for 1,260 unique beneficiaries. QUICKSPEX's CPM software recorded dispensing 1,080 frames to all patient types. After crediting QUICKSPEX for the claims associated with the recorded dispersed frames the total fraudulent claims submitted to Medicaid in 2022 exceeds \$2.7 million.

2024

In 2024, Colorado Medicaid paid QUICKSPEX a total of \$4,456,99.09. QUICKSPEX billed Colorado Medicaid for 8,155 frames (plus other vision-related services) for 394 unique beneficiaries. QUICKSPEX's CPM software recorded dispensing 1,478 frames to all patient types. After crediting QUICKSPEX for the claims associated with the recorded dispersed frames the total fraudulent claims submitted to Medicaid in 2024 exceeds \$3.6 million.

2025

In 2025, Colorado Medicaid paid QUICKSPEX a total of \$710,746.44 for 1,649 frames (plus other vision-related services) for 107 unique beneficiaries. QUICKSPEX's CPM software recorded dispensing 1,009 frames for all patient types. After crediting QUICKSPEX for the claims associated with the recorded dispersed frames the total fraudulent claims submitted to Medicaid in 2025 exceeds \$270,000.

Summary

Between 2021 and 2025, Colorado Medicaid paid QUICKSPEX approximately \$12,000,000 for fraudulent Medicaid claims. HCPF records show that QUICKSPEX billed for 937 frames (plus vision-related services) for each of its top 10 patients. Moreover, many beneficiaries confirmed that they received zero services or goods from QUICKSPEX, and others confirmed that they received, at most, four pairs of glasses.

Financial Transactions

Colorado Medicaid paid QUICKSPEX more than \$14,000,000. The funds were deposited into a TCF/Huntington bank account in the name of QuickSpex LLC and controlled by the HEATHS. The Colorado Medicaid funds constituted the bulk of funds in this account. Those funds were then transferred to various accounts also controlled by HEATHS. The funds were used to purchase a home, vehicles and a diamond business. Funds were also routed to a bank account owned by OMNIA and controlled by the HEATHS, and then routed again to another financial account controlled by the HEATHS.

COUNT ONE

MEDICAID FRAUD AND WASTE – FALSE CLAIM - \$1,000,000 OR MORE
C.R.S. § 24-31-808(A)(a),(3)(i), (F2)

On and between January 1, 2021, and December 31, 2021, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully, feloniously, knowingly, and willfully, with intent to defraud, made a claim or caused a claim to be made, knowing the claim contained material information that is false, in whole or in part, by commission or omission, where the aggregate amount of payments illegally claimed or received is one million dollars or more; in violation of section 24-31-808(1)(a),(3)(i), C.R.S.

Facts that support the offense set forth in Count One above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count One by this reference.
2. In 2021, Colorado Medicaid paid QUICKSPEX a total of more than \$2,900,000 for services provided to 2,816 unique Medicaid patients. The number of frames billed to Medicaid in 2021 was for 7,947 frames.
3. QUICKSPEX's CPM software recorded dispensing only 17 glasses frames for all patient types.

COUNT TWO

MEDICAID FRAUD AND WASTE – FALSE CLAIM - \$1,000,000 OR MORE
C.R.S. § 24-31-808(A)(a),(3)(i), (F2)

On and between January 1, 2022, and December 31, 2022, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully, feloniously, knowingly,

and willfully, with intent to defraud, made a claim or caused a claim to be made, knowing the claim contained material information that is false, in whole or in part, by commission or omission, where the aggregate amount of payments illegally claimed or received is one million dollars or more; in violation of section 24-31-808(1)(a),(3)(i),C.R.S.

Facts that support the offense set forth in Count Two above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count Two by this reference.
2. In 2022, Colorado Medicaid paid QUICKSPEX a total of more than a total of \$3,000,000 for services provided to 1,995 unique Medicaid patients. The number of frames billed to Medicaid in 2022 was for 8,019 frames.
3. QUICKSPEX's CPM software recorded dispensing 757 frames for all patient types.

COUNT THREE

MEDICAID FRAUD AND WASTE – FALSE CLAIM - \$1,000,000 OR MORE
C.R.S. § 24-31-808(A)(a),(3)(i), (F2)

On and between January 1, 2023, and December 31, 2023, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully, feloniously, knowingly, and willfully, with intent to defraud, made a claim or caused a claim to be made, knowing the claim contained material information that is false, in whole or in part, by commission or omission, where the aggregate amount of payments illegally claimed or received is one million dollars or; in violation of section 24-31-808(1)(a),(3)(i),C.R.S.

Facts that support the offense set forth in Count Three above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count Three by this reference.
2. In 2023, Colorado Medicaid paid QUICKSPEX a total of more than a total of \$3,200,000 million for services provided to 1,260 unique Medicaid patients. The number of frames billed to Medicaid in 2023 was for 7,097 frames.
3. QUICKSPEX's CPM software recorded dispensing 1,080 frames for all patient types.

COUNT FOUR

MEDICAID FRAUD AND WASTE – FALSE CLAIM - \$1,000,000 OR MORE
C.R.S § 24-31-808(A)(a),(3)(i), (F2)

On and between January 1, 2024, and December 31, 2024, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully, feloniously, knowingly, and willfully, with intent to defraud, made a claim or caused a claim to be made, knowing the

claim contained material information that is false, in whole or in part, by commission or omission, where the aggregate amount of payments illegally claimed or received is one million dollars or more; in violation of section 24-31-808(1)(a),(3)(i),C.R.S.

Facts that support the offense set forth in Count Four above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count Four by this reference.
2. In 2024, Colorado Medicaid paid QUICKSPEX a total of more than a total of \$4,400,000 for services provided to 394 unique Medicaid patients. The number of frames billed to Medicaid in 2024 was for 8,155 frames.
3. QUICKSPEX's CPM software recorded dispensing 1,478 frames for all patient types.

COUNT FIVE

**MEDICAID FRAUD AND WASTE – FALSE CLAIM - \$100,000 - \$1,000,000
C.R.S § 24-31-808(1)(a),(3)(h), (F3)**

On and between January 1, 2025, and September 30, 2025, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully, feloniously, knowingly, and willfully, with intent to defraud, made a claim or caused a claim to be made, knowing the claim contained material information that is false, in whole or in part, by commission or omission, where the aggregate amount of payments illegally claimed or received is one hundred thousand dollars or more but less than one million dollars; in violation of section 24-31-808(1)(a),(3)(h),C.R.S.

Facts that support the offense set forth in Count Five above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count Five by this reference.
2. In 2025, Colorado Medicaid paid QUICKSPEX a total of more than a total of \$700,000 for services provided to 107 unique Medicaid patients. The number of frames billed to Medicaid in 2025 was for 1,649 frames.
3. QUICKSPEX's CPM software recorded dispensing 1009 frames for all patient types.

COUNT SIX

**MEDICAID FRAUD AND WASTE – ALTER, FALSIFY, CONCEAL, OR FAIL TO
MAINTAIN RECORDS § 24-31-808(1)(g)(I),(4), (F5)**

On and between January 1, 2021, and September 30, 2025, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully, feloniously, knowingly and willfully, having submitted a claim for or received payment for a good or service under the Medicaid program, with the intent to prevent their disclosure and review by representatives of the state or their designees, alters, falsifies, or conceals any records that are necessary to fully disclose the nature of all goods or services for which the claim was submitted, or for which

reimbursement was received; destroys or removes such records; or fails to maintain such records as required by law or the rules of the department of health care policy and financing for a period of at least six years following the date on which payment was received; in violation of section 24-31-808(1)(g)(I),(4), C.R.S.

Facts that support the offense set forth in Count Six above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count Six by this reference.
2. QUICKSPEX received reimbursement for submitted claims to Colorado Medicaid.
3. QUICKSPEX is required to maintain records relating to services provided to Medicaid beneficiaries.
4. QUICKSPEX failed to maintain records for the vast majority of their claims and patients.

COUNT SEVEN

CYBERCRIME – SCHEME/DEFRAUD - \$1,000,000 OR MORE
C.R.S. § 18-5.5-102(1)(b),(3)(a)(IX), (F2)

On and between January 1, 2021, and December 31, 2021, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully, feloniously, and knowingly accessed a computer, computer network, or computer system, or any part thereof, for the purpose of devising or executing a scheme or artifice to defraud, and the loss, damage, value of services, or thing of value taken, or cost of restoration or repair was one million dollars or more; in violation of section 18-5.5-102(1) (b),(3)(a)(IX) C.R.S.

Facts that support the offense set forth in Count Seven above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count Seven by this reference.
2. In 2021, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON** accessed an online portal to enter and electronically transmit fraudulent claims to Colorado Medicaid.
3. The total fraudulent claims submitted through the online electronic portal to Medicaid is more than \$1,000,000.

COUNT EIGHT

CYBERCRIME – SCHEME/DEFRAUD - \$1,000,000 OR MORE
C.R.S. § 18-5.5-102(1)(b),(3)(a)(IX), (F2)

On and between January 1, 2022, and December 31, 2022, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully, feloniously, and knowingly accessed a computer, computer network, or computer system, or any part thereof, for the purpose of devising or executing a scheme or artifice to defraud, and the loss, damage, value of services,

or thing of value taken, or cost of restoration or repair was one million dollars or more; in violation of section 18-5.5-102(1) (b),(3)(a)(IX) C.R.S.

Facts that support the offense set forth in Count Eight above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count Eight by this reference.
2. In 2022, JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON accessed an online portal to enter and electronically transmit fraudulent claims to Colorado Medicaid.
3. The total fraudulent claims submitted through the online electronic portal to Medicaid is more than \$1,000,000.

COUNT NINE
CYBERCRIME – SCHEME/DEFRAUD - \$1,000,000 OR MORE
C.R.S. § 18-5.5-102(1)(b),(3)(a)(IX), (F2)

On and between January 1, 2023 and December 31, 2023, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully, feloniously, and knowingly accessed a computer, computer network, or computer system, or any part thereof, for the purpose of devising or executing a scheme or artifice to defraud, and the loss, damage, value of services, or thing of value taken, or cost of restoration or repair was one million dollars or more; in violation of section 18-5.5-102(1) (b),(3)(a)(IX) C.R.S.

Facts that support the offense set forth in Count Nine above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count Nine by this reference.
2. In 2023, JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON accessed an online portal to enter and electronically transmit fraudulent claims to Colorado Medicaid.
3. The total fraudulent claims submitted through the online electronic portal to Medicaid is more than \$1,000,000.

COUNT TEN
CYBERCRIME – SCHEME/DEFRAUD - \$1,000,000 OR MORE
C.R.S. § 18-5.5-102(1)(b),(3)(a)(VIII), (F3)

On and between January 1, 2024, and December 31, 2024, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully, feloniously, and knowingly accessed a computer, computer network, or computer system, or any part thereof, for the purpose of devising or executing a scheme or artifice to defraud, and the loss, damage, value of services, or thing of value taken, or cost of restoration or repair was one million dollars or more; in violation of section 18-5.5-102(1) (b),(3)(a)(IX) C.R.S.

Facts that support the offense set forth in Count Ten above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count Ten by this reference.
2. In 2024, JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON accessed an online portal to enter and electronically transmit fraudulent claims to Colorado Medicaid.
3. The total fraudulent claims submitted through the online electronic portal to Medicaid is more than \$1,000,000.

COUNT ELEVEN

CYBERCRIME – SCHEME/DEFRAUD - \$100,000 - \$1,000,000

C.R.S. § 18-5.5-102(1)(b),(3)(a)(IX), (F2)

On and between January 1, 2025, and September 30, 2025, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully, feloniously, and knowingly accessed a computer, computer network, or computer system, or any part thereof, for the purpose of devising or executing a scheme or artifice to defraud, and the loss, damage, value of services, or thing of value taken, or cost of restoration or repair was more than one hundred thousand dollars but less than one million dollars; in violation of section 18-5.5-102(1) (b),(3)(a)(VIII) C.R.S.

Facts that support the offense set forth in Count Eleven above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count Eleven by this reference.
2. In 2025, JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON accessed an online portal to enter and electronically transmit fraudulent claims to Colorado Medicaid.
3. The total fraudulent claims submitted through the online electronic portal to Medicaid is more than \$100,000 but less than \$1,000,000.

COUNT TWELVE

MONEY LAUNDERING – FINANCIAL TRANSACTION TO CONCEAL OR DISGUISE NATURE

C.R.S. § 18-5-309(1)(a)(II), (F3)

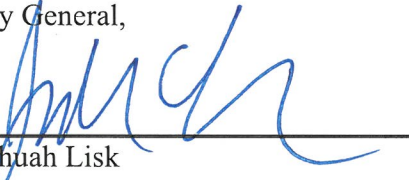
On and between January 1, 2021, and December 31, 2025, in and triable in the State of Colorado, **JARED PARKER HEATH and JAMES ANDREW HEATH a/k/a JAMES ATKINSON and/or JAMES ANDREW ATKINSON**, unlawfully and feloniously conducted or attempted to conduct a financial transaction that involved money or any other thing of value that the defendant knew or believed to be the proceeds, in any form, of a criminal offense, with knowledge or a belief that the transaction was designed in whole or in part to conceal or disguise

the nature, location, source, ownership, or control of the proceeds of a criminal offense; in violation of section 18-5-309(1)(a)(II)(A), C.R.S.

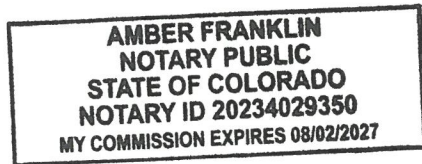
Facts that support the offense set forth in Count Twelve above include, but are not limited to, the following:

1. All of the facts in the Essential Facts are incorporated in Count Twelve by this reference.
2. QUICKSPEX received more than \$14,000,000 from Colorado Medicaid for the billed services.
3. The funds were deposited into a TCF/Huntington bank account, in the name of QuickSpex LLC and controlled by the HEATHS.
4. Those funds were then transferred to various accounts also controlled by HEATHS. Funds were also routed to a bank account owned by OMNIA and controlled by the HEATHS, and then routed again to another financial account controlled by the HEATHS.
5. The funds were used to purchase a home, vehicles and a diamond business.

PHILIP J. WEISER
Attorney General,

By: 
Joshuah Lisk
Assistant Attorney General II
Medicaid Fraud, Abuse and Neglect Section

Subscribed to before me in the City and County of Denver, State of Colorado this 1st day of June 2026.




Notary Public

SEAL

My commission expires: 8/2/2027

The 2025-2026 Colorado Statewide Grand Jury presents the within Indictment, and the same is hereby ORDERED FILED this 11th day of June 2026.

Pursuant to §13-73-107, C.R.S., the Court designates Denver County, Colorado as the county of venue for the purposes of trial.



Hon. Christopher J. Baumann
Chief Judge for the Second Judicial District and
Presiding Judge for the Statewide Grand Jury